

**EVANSVILLE POLICE DEPARTMENT
CITIZEN COMPLAINT FORM**

COMPLAINANT

Name: _____ Telephone (W) _____

Address: _____ Telephone (H): _____

City: _____ ST: _____ Zip: _____ Date _____

Time _____

OFFICER/ EMPLOYEE IDENTIFICATION

#1 _____ #2 _____

CITIZEN/OFFICER INCIDENT

Complaint against: _____ (Employee/Officer) or
_____ Department/Policies.

Date of Incident: _____ Time: _____

Location of Incident:

Type of Incident: (circle where appropriate)

TRAFFIC: Accident, Enforcement, Complaint.

PARKING: Complaint, Enforcement.

SERVICE: I requested service An officer contacted me.

CRIMINAL/MUNICIPAL: I reported as victim/witness, I am a suspect.

JUVENILE: I reported as victim/witness, I am a parent.

MISC: _____

Were you issued a citation or arrested : Yes No.

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Are you willing, and/or have you provided a detailed statement on the specific details of your complaint : Yes No.

May we call you at work : Yes No. If Yes, best time?

WITNESSES (name /address / phone)

1. _____

2. _____

3. _____

RECEIPT (to be completed by a ranking officer)

Date:_____ Time _____

Notation: Once completed this form, along with the Citizen Complaint Statement, form should be sealed in an envelope and immediately forwarded to the Chief of Police. If the complaint is against the Chief, it shall be forwarded to the City Administrator immediately.

Additional Information:

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DETAILED STATEMENT OF COMPLAINT:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Page _____ of _____ (attach additional sheets as necessary)

Note:

Pursuant to sec. 946.66 of the Wisconsin Statutes, "Whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture", which is a penalty of up to \$10,000 (ten thousand dollars) plus costs.

Once completed this form, along with the Citizen Complaint Report Form should be sealed in an envelope and immediately forwarded to the Chief of Police.

Complainant name (Printed): _____

Complainant Signature _____ Date _____

Ranking./Receiving Officer Signature _____